

STATE OF LOUISIANA
DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT

DISTRICT NO. _____

Passenger Injury Report
(Ferry)

Name and type of vessel			Equipment number	
Name of Captain		Age	Home Address	Phone number () -
Date of accident	Hour	Where accident occurred		
Name of injured passenger		Address	Phone number () -	
Nature of injuries				
Where was the injured taken and by whom			Direction	
Weather at time of accident		Was deck of vessel wet or dry		Speed

WITNESS and/or DECK HANDS

Name	Address	Phone number () -
Name	Address	Phone number () -
Name	Address	Phone number () -

Captains statements of how accident occurred

Signature of Captain	Signature of Port Captain
----------------------	---------------------------